OMB control number: 0938-134 Expiration Date: 02/28/2027

MIPS Peer-Reviewed Journal Article Requirement Template CY 2023 Final versus CY 2024 Final

Burden impact: The changes to this form do not reflect proposals in the CY 2025 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program. There are no impacts to burden as a result of these changes.

Change #1: Updated language in first introduction paragraph.

Location: pg. 1, first paragraph second sentence.

Reason for Change: Updated for clarity.

CY 2023 Final Rule text: These measures will be submitted by the Centers for Medicare & Medicaid Services (CMS), to a journal(s), before including any new measure in the MIPS Quality Measures List under MIPS.

CY 2024 Final Rule text: Such measures will be submitted by the Centers for Medicare & Medicaid Services (CMS), to a journal(s), before including any new measure on the MIPS Quality Measures List.

Change #2: Updated language in first introduction paragraph.

Location: pg. 1, first paragraph, third sentence.

Reason for Change: Updated for clarity.

CY 2023 Final Rule text: The measure submitter shall provide the required information for article submission under the MACRA per the CMS Call for MIPS Quality Measures submission process

CY 2024 Final Rule text: The measure submitter shall provide the required information for article submission under the MACRA per the MIPS Annual Call for Quality Measures submission process.

Change #3: Stakeholders updated to CMS term Interested parties and updated language in second introduction paragraph including addition of current deadline.

Location: pg. 1, second Introduction paragraph, first sentence.

Reason for Change: CMS language/reference update.

CY 2023 Final Rule text: Stakeholders submitting measures to the MIPS Call for Quality Measures must complete the required information by the Annual Call for Measures deadline. **CY 2024 Final Rule text:** Interested parties submitting measures for consideration through the MIPS Annual Call for Quality Measures must complete the required information by the CMS Annual Call for Measures deadline (8 p.m. ET on May 10, 2024).

Change #4: Updated the name of MERIT to include CMS and removal of extraneous word. **Location:** pg. 1, second introduction paragraph, second sentence.

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Reason for Change: Updated for clarity.

CY 2023 Final Rule text: Some of the information requested below may be listed in specific fields in the Measures Under Consideration (MUC) Entry/Review Information Tool (MERIT); however, to ensure that CMS has all of the necessary information and to avoid delays in the evaluation of your submission, please fully complete this form as an attached Word document. CY 2024 Final Rule text: Some of the information requested below may be listed in specific fields in the CMS Measures Under Consideration (MUC) Entry/Review Information Tool (MERIT); however, to ensure that CMS has all of the necessary information and avoid delays in the evaluation of your submission, please fully complete this form as an attached Word document.

Change #5: Updated language in the second introduction paragraph.

Location: pg. 1, second paragraph, third sentence.

Reason for Change: Updated for clarity.

CY 2023 Final Rule text: The information in MERIT must be consistent with the information below, which includes the following, but is not limited to:

CY 2024 Final Rule text: The information in MERIT must be consistent with the information below, including the following, but not limited to:

Change #6: Updated to language to include contraction.

Location: pg. 2, Reliability/Validity section, other information section, pg.2, 5th bullet, second and third sub bullet.

Reason for Change: CMS style guide update.

CY 2023 Final Rule text: The survey or tool has been tested and does not require modifications based on results?

Patient/encounter level testing for each critical data element does not require changes to the tool base on the result?

CY 2024 Final Rule text: The survey or tool has been tested and doesn't require modifications based on results?

Patient/encounter level testing for each critical data element doesn't require changes to the tool base on the result?

Change #7: Update to CBE language.

Location: pg. 2. bullet in Endorsement section.

Reason for Change: Updated due to change in endorsement entity.

CY 2023 Final Rule text: Provide the Consensus-Based Entity (CBE) endorsement status (i.e., National Quality Forum (NQF)).

CY 2024 Final Rule text: Provide the Consensus-Based Entity (CBE) (i.e., Partnership for Quality Measures (PQM)) endorsement status.

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According to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seg.), no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1314 (Expiration date: 2/28/2027). This information collection is the tool for measure developers to submit their clinical quality measures for consideration by CMS. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is voluntary and all information collected will be kept private in accordance with regulations at 45 CFR 155.260, Privacy and Security of Personally Identifiable Information. Pursuant to this regulation, CMS may only use or disclose personally identifiable information to the extent that such information is necessary to carry out their statutory and regulatory mandated functions. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850. If you have questions or concerns regarding where to submit your documents, please contact QPP at qpp@cms.hhs.gov.

Under the Privacy Act of 1974 (5 U.S.C. 552a) any personally identifying information obtained will be kept private to the extent of the law.